

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Lower Cape May Regional School District County: Cape May
 Employee Organization: Lower Cape May Regional Education Association Employees in Unit: 156
 Base Year Contract Term: 7/1/2013 6/30/2014 New Contract Term 7/1/2014 6/30/2017
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 <u>Salary</u>	<u>\$10,852,611</u>	<u>\$11,338,062</u>
Item 2 <u>Increment</u>		
Item 3 <u>Longevity</u>		
Item 4 <u>Coaches/Extracurric Stipend</u>	<u>\$430,339</u>	<u>\$430,339</u>
Item 5 <u>Savings-Dlr10 to Dlr15 HB</u>		<u>-\$123,449</u>
Item 6 <u>Savings-Bereav. & Crft. Illne</u>		<u>-\$7,027</u>
Item 7		
Item 8		
Item 9		
Item 10		
Item 11		
Item 12		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column	<u>\$11,282,950</u> (Total)	<u>\$11,637,925</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year(previous agreement)	<u>\$11,282,950</u>				
Effective Date (m/d/yyyy)	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>		
Percent Increase	<u>3.15</u>	<u>3.04</u>	<u>3.87</u>		
Total cost of increase ..	<u>\$354,975</u>	<u>\$354,206</u>	<u>\$464,156</u>		
Total base salary (successor agreement)	<u>\$11,637,925</u>	<u>\$11,992,131</u>	<u>\$12,456,287</u>		

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 3.35
 Dollar Impact (average per year over term of agreement) \$391,112.00

Section VI

Health Insurance (Indicate costs associated on each line)	Base Year	Year 1				
Cost of Health Plan	<u>\$2,052,899</u>	<u>\$2,105,264</u>				
Employee Contributions	<u>\$322,443</u>	<u>\$467,351</u>				
Prescription						
Dental						
Vision						

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Mark Mallett Title: School Business Administrator
 Signature: [Signature] Date: 12/8/2014